

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Dan Cross</u>		Date of This Filing <u>10-8-2018</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only RECEIVED OCT 08 2018 <i>[Signature]</i>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>1408219</u>	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Lincoln</u>	STATE <u>CA</u>	ZIP CODE <u>95648</u>	No. of Pages _____	

1. Contribution(s) Received

CITY OF LINCOLN

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>FL, 10-5-2018</i>	<i>Committee for Home Ownership of the North State Building Industry Association</i> <i>SAC, CHASS33 I.D. 782240</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<i>\$5,000.00</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee